

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC HEALTH SERVICES**



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**Mary Ann Cooney**  
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**IMMUNIZATION REQUIREMENTS**  
**SCHOOL YEAR 2006/2007**

**DTP/DT/DTaP/Td/Tdap**

<b>&lt; 7 Years of Age</b>	<ul style="list-style-type: none"> <li>✿ Four doses, 4<sup>th</sup> dose on or after the 4<sup>th</sup> birthday or</li> <li>✿ Five doses regardless of age of administration as long as minimum intervals are met.</li> </ul>
<b>Acceptable intervals:</b>	<ul style="list-style-type: none"> <li>✿ Dose 1 shall have been administered at no less than 6 weeks of age.</li> <li>✿ Doses 2 and 3 shall be separated from the previous dose by a minimum of 4 weeks.</li> <li>✿ Dose 4 shall be separated by a minimum of 6 months from dose 3.</li> <li>✿ Dose 5 is recommended from 4 – 6 years of age and must be separated from dose 4 by 6 months.</li> </ul>
<b>≥ 7 Years of Age</b>	<ul style="list-style-type: none"> <li>✿ Three or four doses, with last dose on or after the 4<sup>th</sup> birthday or</li> <li>✿ Five doses as above.</li> </ul>
<b>Acceptable intervals</b>	<ul style="list-style-type: none"> <li>✿ As above except if three doses (Td series) second and third dose must be separated by six months.</li> </ul>
<b>10 Years since last Tetanus containing vaccine</b>	<ul style="list-style-type: none"> <li>✿ One dose of a tetanus-toxoid containing vaccine. (Tdap is the preferred vaccine, but <b>not</b> required).</li> </ul>

**POLIO:**

<b>K - 12</b>	<ul style="list-style-type: none"> <li>✿ Three doses of an <b>all</b> IPV or <b>all</b> OPV schedule. The last dose must have been administered after the 4<sup>th</sup> birthday.</li> <li>✿ Four doses of <b>any</b> combination of eIPV and/or OPV regardless of age at administration.</li> <li>✿ When a combination of polio vaccines have been administered, 4 doses are necessary even if the 3<sup>rd</sup> dose was administered after the 4<sup>th</sup> birthday.</li> </ul>
<b>Acceptable intervals:</b>	<ul style="list-style-type: none"> <li>✿ Dose 1 shall have been administered at no less than 6 weeks of age.</li> <li>✿ All subsequent doses shall be separated by a minimum of 4 weeks.</li> </ul>

### MEASLES:

<b>K through 4<sup>th</sup> grade</b> <b>If K not provided,</b> <b>1<sup>st</sup> through 5<sup>th</sup> grade.</b>	<ul style="list-style-type: none"> <li>Two doses of measles-containing vaccine.</li> </ul>
<b>7<sup>th</sup> – 12<sup>th</sup> grade</b>	<ul style="list-style-type: none"> <li>Two doses of measles-containing vaccine.</li> </ul>
<b>All grades not mentioned above.</b>	<ul style="list-style-type: none"> <li>One dose.</li> </ul>
<b>Acceptable intervals:</b>	<ul style="list-style-type: none"> <li>Dose 1 on or after 12 months.</li> <li>Dose 2, a minimum of 28 days from the 1<sup>st</sup> dose.</li> </ul>

### RUBELLA and MUMPS:

<b>K – 12 grade</b>	<ul style="list-style-type: none"> <li>One dose of rubella and mumps-containing vaccine administered on or after age 12 months.</li> </ul>
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### HEPATITIS B VACCINE:

<b>Born on or after 1/1/93</b>	<ul style="list-style-type: none"> <li>Three doses.</li> </ul>
<b>Acceptable intervals:</b>	<ul style="list-style-type: none"> <li>Doses 1 and 2 separated by at least 28 days.</li> <li>Dose 3 separated by a minimum of 4 months from dose 1, 2 months from dose 2, and administered on or after 24 weeks of age.</li> </ul>

### VARICELLA (CHICKEN POX) VACCINE:

<b>K through 3<sup>rd</sup> grade</b> <b>If K not provided,</b> <b>1<sup>st</sup> through 4<sup>th</sup> grade.</b>	<ul style="list-style-type: none"> <li>One dose or history of disease as reported by parent or health care provider.</li> </ul>
<b>6<sup>th</sup> through 9<sup>th</sup> grade</b>	<ul style="list-style-type: none"> <li>One dose, unless administered <math>\geq</math> 13 years of age then two doses.</li> <li>Or history of disease as reported by parent or health care provider.</li> </ul>
<b>Acceptable intervals:</b>	<ul style="list-style-type: none"> <li>Dose 1 administered on or after 12 months of age.</li> <li>Doses 1 and 2 separated by at least 28 days.</li> </ul>


For all minimum intervals and age requirements, a 4-day grace period is acceptable.

*The vaccines and doses above are the minimum requirements for school attendance. The “Recommended Childhood and Adolescent Immunization Schedule, United States 2006” should be followed for the doses necessary for good preventive health.*


## Immunization Requirements Preschool Students 3-5 Years Old

**The minimum intervals and age requirements stated in School Requirements Outline**


### DTaP/DTP/DT

<b>3-5 years</b>	 Four doses, if it has been 6 months from dose 3.
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### POLIO

<b>3-5 years</b>	 Three doses.
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### MEASLES, MUMPS, and RUBELLA (MMR)

<b>3-5 years</b>	 One dose at 12 months or older.
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### HAEMOPHILUS INFLUENZAE TYPE B (HIB)

<b>3 to 5 years</b>	 One dose after 15 months of age or  Four dose series with the last dose being administered at $\geq 12$ months of age.  If the products PedVax HIB or Comvax have been used, 3 doses with one after 12 months of age is acceptable.  HIB is <b>not</b> required for children $\geq 5$ years of age.
<b>Acceptable intervals:</b>	 Dose 1 shall have been administered at no less than 6 weeks;  All subsequent doses shall have been separated by a minimum of 4 weeks, except the last dose shall have been separated by a minimum of 2 months from the previous dose and shall have been administered on or after 12 months of age.

### HEPATITIS B VACCINE

<b>3-5 years</b>	 Three doses.
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### VARICELLA (CHICKEN POX) VACCINE

<b>3-5 years</b>	 One dose or history of disease as reported by parent or health care provider.
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The 4-day grace period for minimum intervals and ages applies to the above requirements.

**\*Brand Names for Vaccines:**

**Diphtheria, Tetanus, acellular Pertussis, (DTaP/ DT/DTP):**

Infanrix, Pediarix, DT, Tetramune, Act-Hib

**Tetanus diphtheria, acellular pertussis (Tdap)**

Boostrix©, Adacel™

**Haemophilus Influenzae Type B, (HIB):**

ActHIB, Pedvax HIB, Comvax, HibTITER.

**Polio, (IPV/OPV):**

IPOL or Pediarix

**Measles, Mumps, Rubella, (MMR):**

MMRII

ProQuad© (combination MMR and Varivax)

**Hepatitis B (HepB):**

Engerix B, Pediarix, Recombivax, or Comvax

**Varicella(Chicken Pox, VAR):**

Varivax

ProQuad© (combination of MMR and Varivax)